



# CRS Parent Connection

Alabama Department of Rehabilitation Services



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## Mobile's Annual Wheelchair Wipe-Out is a Great Success



On July 31, 2007, Mobile CRS held its 5<sup>th</sup> annual Wheelchair Wipe-out. It was a tremendous success. Thirty-five wheelchairs were washed, as well as additional pieces of equipment that needed attention. There was plenty of food and fun. CRS clients and their families left with a clean chair, resource information and plenty of goodies. Much appreciation goes out to the many CRS employees, volunteers and local businesses that helped to make this years Wheelchair Wipe-Out successful.

Penny Strickland, Parent Consultant  
Mobile CRS

Trying to win a delicious cake at the cake walk and roll was one of the favorite activities for the day. In the background, Susan Colburn, State Parent Consultant, talks with a parent attending the event.



Several of the Wipe-Out participants show off their clean chairs.

### Inside....

Donna Locke Tracy.....	p. 3
Alabama's Early Intervention System.....	p. 4
Full Life Ahead.....	p. 5

Choices in Personal Care.....	p. 5
Therapeutic Riding Program.....	p. 7
Alphabet Soup: Health Care Definitions....	p. 8



## CRS Parent Connection

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*Parent Connection* is a complimentary newsletter published by Children's Rehabilitation Service for families of children with special health care needs. The goal of this newsletter is to increase communication and share information about children with special health care needs and their families. The newsletter reflects a family-centered theme throughout and serves as a forum for family members to share information, thoughts, feelings, concerns, etc. Nothing printed or implied in this publication constitutes an endorsement by the Alabama Department of Rehabilitation Services.

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# From the Director's Chair



Hello Parents,

I cannot believe that fall is here and the football season is off to a great start—well—not so great for some!! In case you are wondering, the “CRS Team” is also gearing up for a great start in the new fiscal year, which begins October 1. Our team consists of CRS staff, ADRS staff (EI, VR & SAIL), community partners, other state agencies and most importantly, YOU—our parents, guardians and children!!

If you have not heard, we will be adding back the CRS \$100.00 co-pay on October 1. This means that we will be able to purchase services for the clients whose families fall into this category on the CRS Sliding Fee Schedule. Last October (2006) we added back our \$50.00 co-pay which allowed us to increase the number of clients for whom we purchase services. With this additional co-pay increase, we will be purchasing services for even more families.

Our \$50.00 co-pay families should have received a bill from CRS during the week of September 17. This bill included services that were provided from October 1 through December 31, 2006. Here are a few reminders about Family Financial Participation and co-pays:

- All families are financially eligible for CRS.
- The amount of financial participation is determined at the time of enrollment, annually or as the family financial situation changes.
- Financial participation co-pay is based on family size and taxable annual family income.
- Medicaid recipients, ALL KIDS enrollees, Alabama Caring Foundation participants and families with taxable annual incomes under 200 percent of Federal Poverty Guidelines will not be charged any fees or co-pays.
- The family participation co-pay applies only to families that have received a purchased service (hospitalization, x-rays, dental, orthotics, therapy, etc.) from CRS during the previous calendar year.
- If the total amount of purchased services is less than the co-pay amount, the family will pay the lesser amount.
- Clinic visits and care coordination services are not included in the calculation of cost.
- Families will only be charged one participation amount per year regardless of the number of family members served by CRS.

Billing for services provided to \$50 co-pay families who received purchased services from January 1, 2007 through December 31, 2007 will take place in January 2008. In the future, all co-pay billing will be done during the month of January. If you recently received a bill and have questions, please contact the staff members indicated on your letter. We are here to serve you and to answer any concerns that you may have about the bill or services provided.

Last quarter, I mentioned that we would be developing our CRS Care Coordination Program and starting some new CRS Clinics. CRS staff participated in training for our new Speech Language Pathology Clinic this month and within the next few weeks will complete the initial phase of training for the Care Coordination program. Just as information on the new SLP Clinics is being provided to you in this newsletter, we will plan to provide an update on CRS Care Coordination in the next issue. We look forward to having you share your thoughts and ideas as our “CRS Team” continues to work together to strengthen the system of care for children with special health care needs and their families in the great state of Alabama.

Melinda Davis, Assistant Commissioner  
Children's Rehabilitation Service

## Donna Locke Tracy—Making a Difference as CRS Statewide Program Specialist for Speech Language Pathology



Hey everybody, I'm Donna. I was raised in northeast Alabama—Munford and Jacksonville to be specific. I attended college at the University of Montevallo, thanks to the advice of my high school guidance counselor. I moved to Nashville to pursue a Master's Degree in Communication Science Disorders. I worked for a school system while attending graduate school at night. When I returned to Alabama, I began working for a hospital in Anniston with inpatient, outpatient and home health services. The fast pace of the hospital setting was incredible, but I missed seeing my clients' progress through the years. I learned of CRS

through a client and thought how wonderful it would be to follow a child's care from birth to 21 years of age. Little did I know there would soon be an opening at CRS just across the street from 'my' hospital. I began my CRS career as the Speech Language Pathologist (SLP) in the Anniston district which includes Talladega and Gadsden. With fate and faith, I transferred to the Montgomery/Opelika District.

After several years as a district office SLP, I saw areas of need and hoped to make a difference with CRS in a new way—I felt the need for a new challenge. Well, in applying for the CRS Program Specialist position, I have been challenged! CRS has developed new clinics and evolved with many changes during the past year.

I will always be a 'speech therapist' at heart, so here are some tips to keep communication flowing at home. Each day there are hundreds of communication opportunities. Including these suggestions into your activities will encourage your child's speech and language development.

1. Keep talking fun.
2. Reward and praise communicative attempts.
3. Use facial expressions and gestures to help your child understand.
4. Keep statements short and simple.
5. Emphasize key words/sounds you want your child to learn.
6. Repeat main ideas in different ways.
7. Model correct speech.
8. Give your child time to respond—don't interrupt your child.
9. Avoid placing too much pressure on your child to talk.
10. Remember your child is just a child. Talk, sing and play with him/her.

On a personal note, I love AUBURN FOOTBALL. I enjoy trips to the gulf and local lakes, bargain shopping, sushi, and blonde jokes.

Contact me if you have any questions.

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CRS Statewide Program Specialist  
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### Listen to Your Buds



Listen To Your Buds is a consumer awareness campaign by the American Speech-Language-Hearing Association (ASHA) about the risk of hearing loss from unsafe usage of personal audio technology. More than half of high school students in the U.S. report having at least one symptom of hearing loss according to a 2006 poll commissioned by ASHA. If your child doesn't already have a portable music player or something similar, chances are that he or she listens to a friend's device. With the increasing popularity of these portable devices, more children are at risk of noise-induced hearing loss. It is important for children to learn good listening habits when using listening devices with headphones.

Here are three steps you can take to protect your children's hearing:

1. Keep the volume down. A good guide is half volume.
2. Limit listening time. Give your hearing "quiet breaks."
3. Upgrade your earbuds, which sit inside the ear and frequently come with the purchase of a portable music player, to earphones that fit outside the ear and block out unwanted sound. You can also upgrade to earphones that fit snugly into the ear canal and do the same thing.

ASHA has developed an important new tool to teach children how to use personal audio technology safely. It is an interesting, fun and helpful website, [www.listentoyourbuds.org](http://www.listentoyourbuds.org). It features interactive games for kids ages 6 to 12 years of age.





## What Is Alabama's Early Intervention System??



Did you know...there is a “sister” division in our agency called Alabama’s Early Intervention System (AEIS) that is for infants and toddlers with disabilities, and their families in our state? In fact, AEIS has served more than 13,000 families who have children younger than the age of 3 with special needs and/or developmental delays in the past four years! Some of you may be aware of AEIS because you have received EI supports and services along with CRS services for your child before the age of 3. Early Intervention works with many different agencies and organizations in Alabama to coordinate all of the care that a family may need.

Early intervention provides resource access, supports and services for eligible families in “natural environments” within a child’s and family’s own community. We also encourage families to become involved in local programs and activities that exist for *all* young children when possible.

A child is eligible for AEIS if he or she has a delay of 25 percent or more

in any of the major areas of development, or has a diagnosed condition (like cerebral palsy or Down Syndrome) that will probably result in some delays. The focus of AEIS is on the total development of the infant or toddler, and uses many different types of *qualified providers* such as physical or speech therapists, early childhood teachers, social workers and nurses to work with the entire family in helping the child reach developmental goals.

AEIS has *service coordinators* who work with the child and family to find resources, help evaluate services and act as an advocate for families who are learning what is available to help their little one with a developmental delay.

Anyone who has a concern or question about a young child’s development can call the statewide toll free **EI Child Find** number **1-800-543-3098**. We need your help in reaching all of the potentially eligible children in Alabama. Please share this resource with members of your school, faith and recreational communities so that families who need early

intervention can get involved *as soon as possible*!

AEIS operates under state and federal legislation, the Individuals with Disabilities Education Act (IDEA), and promotes a system of services and supports for eligible children and their families by coordinating and supplementing programs and services that are already in place in our state. The federal government, state government, other state agencies, and third-party payers provide financial assistance for the development and implementation of this system. There is no charge for EI services for eligible families.

For additional information about Alabama’s Early Intervention System, please visit our website at [www.rehab.state.al.us/ei](http://www.rehab.state.al.us/ei), or contact Diane Roberts, EI Specialist at (334) 215-5036 or [Diane.Roberts@rehab.alabama.gov](mailto:Diane.Roberts@rehab.alabama.gov).

Diane Roberts, EI Specialist  
Alabama’s Early Intervention System

## Find Disability Related Information Close to Home

DisabilityInfo.gov introduces a new state and local resources map to assist in locating disability related information close to home. The website at [www.disabilityinfo.gov](http://www.disabilityinfo.gov) provides Americans with disabilities a direct connection to information and resources they need to pursue personal and professional goals. This tool helps to make disability related information easily accessible to all Americans especially in the communities where they live and work. To use the new state and local resources map, simply select one of the nine subject tabs—benefits, civil rights, community life, education, employment, health, housing, technology or transportation—at the top of the home page. Then click the map on the right sidebar to find links in that subject area related to your state. You will be directed to information, numerous organizations and contacts.



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## Helping Other People Envision (H.O.P.E.) It's What We Do Best

The Full Life Ahead Foundation of Hope is a 501 (c) (3) non-profit organization. Our mission is to establish, maintain, and coordinate a national network of professionals, services and resources to assist those with life altering disabilities to envision a more meaningful and productive life course through evaluations, education and counseling. Our vision is to provide the ways and means for those with life altering disabilities to take control of their life course to its fullest potential.

Full Life Ahead hosts several family weekend retreats and workshops throughout the year. Through these trainings, we are able to provide invaluable services to individuals with disabilities and their families. What we do best is bring people together in a casual setting and connect them with service providers who have a heart to help. Participants interact with others who have experienced similar situations

in the life of disability. We are then able to help revive hope and give you the courage to dream for your future. Through this visionary approach and encouraging others we are able to redefine disability.

Our program has a heavy emphasis on self-determination, full inclusion in the family, community and the world of work encompassed in the Full Life Ahead Planning Process. We help to provide definition, clarity and direction for people in transition from school to work, from injury to healing, and from helplessness to self-efficacy through the support systems we strive to establish.

Throughout the weekend, special age appropriate programs are offered for children and adults with disabilities. Through interactive activities, we explore gifts and strengths of the young

person to help give them a sense of direction and accomplishment.

Individuals with disabilities and their families are encouraged to become self-directed in the attainment of their personal goals and dreams; then the barriers and limits that seemed insurmountable are diminished, and the path to personal success becomes a clear roadmap to the future.

The Full Life Ahead Planning Process puts the emphasis on the person, not the disability. Through these efforts, opportunities are created, support is provided and a sense of belonging in one's community is fostered. When the weekend comes to a close, participants return home renewed, fired-up and ready to take on new challenges.

Lisa Manly, Executive Director  
LisaManly@FullLifeAhead.org;  
www.FullLifeAhead.org

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## Grant Partnership Allows More Choices in Options for Personal Care

Three years ago, the State of Alabama Independent Living division joined with the Department of Senior Services in the Cash and Counseling demonstration grant that is funded through the Robert Wood Johnson Foundation. The partnership established through the grant will create a mechanism that allows for greater freedom of choice to participants currently served by either the SAIL waiver or the Elderly and Disabled waiver who may want to choose another option in the provision of personal care.

The "Personal Choices" program began August 1, 2007 in a seven county pilot area in west Alabama. Those persons currently receiving personal care services now have the opportunity to spend their monthly allotment for personal care through the use of direct service providers, instead of having the decision made for them. Under the plan, participants will have the option to decide who they want providing their personal care. It gives greater flexibility to having family members or a friend provide the care. The program is being

piloted in Bibb, Fayette, Green, Hale, Lamar, Pickens and Tuscaloosa counties initially. Hopefully at the end of the pilot project, the program will be available statewide.

This program is the first in the nation that was approved by the Centers for Medicare and Medicaid Services as a State Plan service through the Deficit Reduction Act 1915 (j) provisions.

Karen Coffey, State Coordinator  
State of Alabama Independent Living

# Alabama Childhood Lead Poisoning Prevention Program

The mission of the Alabama Childhood Lead Poisoning Prevention Program is to help every child in Alabama develop to his maximum potential by promoting a lead-free environment and healthy lifestyle. In Fiscal Year 2006, a total of 38,970 blood lead screenings were done for patients under 21 years of age.

Children who have lead in their body do not look or act sick. Lead poisoning can cause lower IQ scores, shortened attention spans, hyperactivity, anemia, behavior problems, growth problems, learning and hearing problems.

The only sure way to know if a child has been exposed to lead is by a simple blood test. Testing should begin at six months old if the child is at high risk

Risk factors include living in an older home built before 1978 that has peeling or chipped paint, or being exposed to toys containing excessive levels of lead, such as the recent toys recalled by the U.S. Consumer Product

Safety Commission and Fisher-Price, Inc. on August 2, 2007. To see a list of the photos and descriptions of the recalled toys, visit the Consumer Product Safety Commission website at [www.cpsc.gov](http://www.cpsc.gov). Parents should immediately take the recalled toys away from their children.

When children are diagnosed with elevated blood lead levels, the Alabama Childhood Lead Poisoning Prevention Program works closely with the child's health care provider to ensure that families receive educational and environmental services appropriate for the blood lead level based on CDC (Centers for Disease Control and Prevention) guidelines.

Care coordinators educate families about the sources of lead, the health effects of lead poisoning and how to reduce lead exposure in the home. Follow-up visits are made to reinforce the importance of returning for repeat blood lead testing. Certified environmentalists conduct lead investigations in the home of the child to

identify the sources of the lead exposure. These investigations may include taking paint, dust, soil, water or other samples for laboratory analysis.

In addition to the above activities, follow-up of other children in the household who are at risk for lead poisoning is provided and coordination of preventive measures such as remediation or patient relocation are recommended when necessary. These measures are implemented to promote a healthy lifestyle and environment that will prevent further lead exposure.

For more information about the Alabama Childhood Lead Poisoning Prevention program please visit [www.adph.org/acldppp](http://www.adph.org/acldppp) or call 1-800-545-1098.

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## Changes in Federal and State Special Education Law: Will They Affect Your Child?

The Alabama State Board of Education (SBOE) adopted new regulations governing the state's special education program at its June 14th meeting. These regulations were drafted in response to the enactment of the federal Individual with Disabilities Education Improvement Act in November 2004 (IDEA).

### Family involvement

In the months leading up to their adoption, ADAP and other child and family advocates closely reviewed Alabama's proposed special education code and provided many comments and suggestions to the SBOE and the State Department of Education (SDE). In fact, families embraced their role in the regulatory process in a way that appears unprecedented in the SDE's rulemaking history, providing both written and in-person testimony to policymakers on such issues as eligibility criteria, access to records and discipline. Still, when one considers that there are over 90,000 children receiving special education services in Alabama, there is room for a lot more parental involvement in policymaking. It is crucial for both the SDE and advocacy organizations to find ways to further facilitate family involvement at both the state and local levels on a continuing basis, but particularly during the regulatory process.

### Major changes

Most of the changes to Alabama's regulations simply brought the state code in alignment with the federal regulations. These

changes included such things as new disciplinary procedures, streamlined IEP meeting options and parental safeguards, and the special education planning process for children enrolled by their parents in private schools.

However, some of the biggest changes to the state's regulations involve decisions that Alabama had to make regarding what it takes to make a child eligible for special education services. New definitions and evaluation criteria that reflect up-to-date scientific research and knowledge were crafted by the SDE for the following IDEA disability categories: Autism, Mental Retardation, Emotional Disturbance and Other Health Impaired. Child advocates and clinicians provided a great deal of input in this area.

If you would like to schedule a workshop for a parent or professional group on the new changes to federal and state special education law, please contact ADAP at 1-800-826-1675 or [adap@adap.ua.edu](mailto:adap@adap.ua.edu).

A copy of the new state special education regulations can be found on ADAP's website at [www.adap.net](http://www.adap.net).

*(This article is reprinted with permission from the August 2007 edition of ADAP News, published by the Alabama Disabilities Advocacy Program.)*



# Equines Assisting Special Individuals (EASI)

## Therapeutic Riding Program

Hello everyone. I am Jennifer Moore, a parent of the Homewood/Birmingham CRS office. This summer my family had the incredible opportunity to experience therapeutic horseback riding at the new EASI facility located in Walker County. I am simply writing to offer a parent's perspective and to share our positive experience with you.

My daughter Kristen is a cheerful 5 year old with developmental delays which require her to use a wheelchair. I contacted EASI to ask about their program and to see if it was a match for us. Though I was familiar with the term hippotherapy (a physical, occupational and speech therapy treatment strategy that utilizes equine movement), I learned that hippotherapy requires that a licensed professional (PT/OT) give direct therapy to participants and therapeutic riding does not. There is an occupational therapist who volunteers at the center as a consultant. There is no charge for the program (4 weeks long at one day per week) however, EASI asks participants



**Kristen rides with an EASI volunteer**

who are able, to contribute \$100 or to seek sponsors. This way the service is available to everyone who needs it regardless of their financial ability. Benefits of the riding program include increased strength, agility, improved respiration and circulation. An added

benefit for us was the recreational component since it's a form of exercise that's also a fun summer activity! Having taken all of this in, we gave it a try.

### The Trainer and Staff

Upon entrance into the center, we were greeted by the warmest, friendliest people. Kim Hall is the head trainer who works with a large group of committed, compassionate, energetic volunteers. All were very sensitive to our needs and genuinely put forth effort to ensure that we got the most out of our experience. Volunteers helped in many ways: from providing ample support to the rider as side walkers to offering generous amounts of water to the riders to help combat the heat. Two other very important resident volunteers are Gracie and Mr. Holly. They are very friendly kittens that are active, welcoming and right at home on the premises.

### The Horses

I am not one who has spent much time around horses, so this experience was a learning experience for me. Throughout the sessions I could actually see the different personalities of each horse. For example, Doc likes to walk slow and easy, and enjoy the shade while Ranger is gentle yet lively with stamina. Kristen was assigned to Doc. She was paired with him based on her needs and on the treatment plan that was constructed. As the sessions continued, the treatment plan was modified as needed.

### The Therapy

The sessions are progressive and allow for growth and development. They start with very basic activities for beginners to become comfortable with the horses



**Kim Hall introduces a rider to her horse, Ranger and to Mr. Holly**

and to help overcome fears. Each riding session has different activities for the riders to engage in including doing stretching exercises while sitting on the horse and/or using a therapy ball while riding the horse. Another really fun method was riding the horse while sitting backwards.

### Overall Experience

Kristen had a blast all summer! Not only did she get a chance to ride a horse, she rode him sitting up, lying on her tummy across his back and even alongside his back. The staff provided very personalized attention, ample supervision and creative therapy. I watched with excitement as Kristen used and strengthened muscles that she has needed to better develop while having a great time in the process. If you are considering this form of therapy for yourself or a family member, I think it is definitely an option worth looking into. I'm not part of the Ebert & Roper team (not officially) nevertheless, I give EASI two thumbs up!! Great Job!!

For more information on Equines Assisting Special Individuals in Jasper, contact Kim Hall at: 205-387-7486. For information on other therapeutic riding centers in Alabama, visit: [www.narha.org](http://www.narha.org).

Jennifer Moore, Birmingham

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# FAMILY VOICES

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## ALPHABET SOUP: Health Care Definitions for Children and Youth with Special Health Care Needs

Families in the United States are finding that their family's health insurance picture is changing. This seems especially true for those families that have children with special health care needs. We must understand health insurance jargon in order to make good decisions for our children. If, unfortunately, decisions are made for us, it is even more important to know what they will mean for our child. Here's a beginning list of definitions. Please send us those we missed, and we'll update this list. Thanks!

**Access** - Ability to receive services from a health care system or provider.

**Acute Care** - Medical services provided after an accident or for a disease, usually for a short time.

**Adverse Selection** - Occurs when those joining a health plan have higher medical costs than the general population; if too many enrollees have higher than average medical costs, the health plan experiences adverse selection.

**Ambulatory Care** - Outpatient medical services (not provided in a hospital).

**Benefits** - Health and related services guaranteed to be provided in a health plan.

**Capacity** - Ability of a health organization to provide necessary health services.

**Capitation** - Way of pre-paying a health plan, provider, or hospital for health services based on a fixed monthly or yearly amount per person, no matter how few or many services a consumer uses.

**CMS/Centers for Medicare and Medicaid Services** - The US federal agency which administers Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP).

**Co-payment** - What a consumer pays for each health visit or service received.

**Coverage** - Agreed upon set of health services that a plan will pay for and/or provide.

**Deductible** - Annual amount that consumer agrees to pay for health services before the insurance plan pays.

**Dual-Eligibles** - People who are eligible for both Medicaid and Medicare.

**DME/Durable Medical Equipment** - Necessary medical equipment that is not disposable; for example, wheelchairs, walkers, ventilators, commodes.

**Enrollee** - Person (consumer) who is covered under a health insurance plan, whether fee-for-service or managed care (see "Fee for Service" and "Managed Care").

**EPSDT/Early and Periodic Screening, Diagnosis and Treatment Program** - Mandatory Medicaid benefits and services for Medicaid-eligible children and adolescents under age 21; designed to ensure children's access to early and comprehensive preventive health care and treatment. State Medicaid programs must provide EPSDT benefits.

**ERISA/Employee Retirement Insurance Security Act** - Federal act that allows businesses to develop self-funded health insurance programs. Such programs can limit benefits packages because they are not under the jurisdiction of state insurance regulations.

**Fee for Service** - Traditional health insurance, allowing consumer to choose providers and services, often with a deductible and co-payment. Also known as indemnity coverage.

**Formulary** - List of approved prescription medications which a health plan pays for; medicines not listed in the formulary are not covered.

**Gatekeeper** - Person, usually a primary care physician, designated by health plan to decide what services will be provided and paid for; approves all referrals, and sometimes coordinates care.

**Grievance Procedure** - Defined process in a health plan for consumers or providers to use when there is disagreement about a plan's services, billings, or general procedures.

**HMO/Health Maintenance Organization** - Health plan that requires its enrollees to use only certain health providers and hospitals, usually those within its own network.

**HEDIS** - System for determining the quality of a health plan's services and outcomes, based on certain data. HEDIS data, information, and guidance about children are limited.

**High Risk Insurance Pools** - State programs that enable people with health problems to join together to purchase health insurance; even with subsidies, premium rates are high because pool members are high risk.

**Indemnity Health Insurance** - Usually a fee-for-service health plan that reimburses physicians and other providers for health services furnished to plan enrollees.

(Continued on page 9)

For information about Family Voices, please contact the Alabama state coordinators, Susan Colburn (334) 613-2884, [susan.colburn@rehab.alabama.gov](mailto:susan.colburn@rehab.alabama.gov) or Jerry Oveson (251) 438-1609, [oveson@bellsouth.net](mailto:oveson@bellsouth.net).



(Alphabet Soup continued from page 8)

**Long-term Care (LTC)** - a variety of services which help meet both the medical and non-medical need of people with a chronic illness or disability who cannot care for themselves for long periods of time.

**Mandatory Enrollment** - Requirement that certain groups of people must enroll in a program. Medicaid managed care is an example.

**Managed Care** - Way of financing and delivering health care for a set fee using a network of specific providers and services. The organizations that deliver managed care are known as **MCOs** (Managed Care Organizations), **HMOs** (Health Maintenance Organizations), and **PPOs** (Preferred Provider Organizations).

**MCO/Managed Care Organization** - Health organization, whether for-profit or non-profit, that finances and delivers health care using a specific provider network, services and products.

**Medicaid** - Federal program described in Title XIX ("nineteen") of the Social Security Act that pays for health services for certain categories of people who are poor, elderly, blind, disabled or who are enrolled in certain programs, including Medicaid waivers. Included are children whose families receive government assistance. Medicaid is financed with federal and state funds.

**Medicare** - Title XX of the Social Security Act which pays for health care for the elderly and adults who are disabled.

**Medical Necessity** - Legal term used to determine eligibility for health benefits and services. It describes services that are consistent with a diagnosis, meet standards of good medical practice, and are not primarily for convenience of the patient.

**PCCM/Primary Care Case Management** - System that pays primary care providers a monthly fee to coordinate medical services, especially as used by Medicaid.

**PHP/Prepaid Health Plan** - Health organization that receives prepaid capitation (see "Capitation") payments for select set of benefits; for example, physician services or lab tests.

**POS/Point of Service Plan** - Health plan whose members can choose their services when they need them, either in the HMO or from a provider outside the HMO at some cost to the member. Also a plan in which the primary provider directs services and referrals.

**PPO/Preferred Provider Organization** - Managed care organization (MCO) that contracts with a network of providers who deliver services for set fees, usually at a discount to the MCO. PPOs usually sell to insurers and employers and do not assume insurance risk.

**Quality Assurance** - Monitoring and improving health care, either an individual plan or broad health systems review, in a consistent and organized way.

**Reinsurance** - Insurance purchased by a health plan to protect against extremely high medical costs, either for specific groups or individuals.

**Risk** - Refers to the chance that a health plan or a provider takes when they agree to deliver health services to a group of people for a certain payment rate, even if costs for the services exceed the payments.

**Risk Adjustment** - The higher capitation (see "Capitation") rate paid to providers or health plans for services to a group of enrollees whose medical care is known to be more costly than average.

**Risk-sharing** - Occurs when two parties, usually Medicaid and an MCO, agree through a formula to share any losses that result when medical costs exceed payments.

**SNF/Skilled Nursing Facility** - An institution providing skilled nursing and related services to residents; a nursing home.

**Spend-down** - The process in which a consumer uses up all income and assets on medical care in order to qualify for Medicaid.

**Stop-loss** - A form of health insurance that provides protection for medical expenses above a certain limit.

**SSI/Supplemental Security Income** - Monthly cash assistance for people, including children, who have low incomes, and who meet certain age or disability guidelines. In most states, SSI also includes access to Medicaid.

**Utilization Review** - A series of processes to ensure that medically necessary acute inpatient and outpatient care has been provided in the most appropriate and cost-effective manner.

**Waivers** - The result of a process that allows state Medicaid agencies to apply for and receive permission from CMS to provide services not otherwise covered by Medicaid and/or to do so in ways not described by the Social Security Act. Most Medicaid managed care programs require waivers. The waivers, which can differ greatly, are known by their numbers (1115, 1119), as home-and community-based, or as Katie Beckett Waivers.

Family Voices, September 2007

Please add me to your newsletter mailing list.

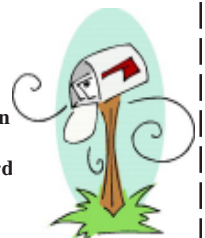
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City/State/Zip: \_\_\_\_\_

Clip & mail to  
Susan Colburn  
Children's Rehabilitation  
Service  
2129 East South Boulevard  
Montgomery, AL 36116



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## A Cool Time in July at the Jackson CRS

It may have been 100 degrees in the shade, but it was definitely *Cool Times in July* at the Jackson Children's Rehabilitation Service office. Jackson CRS had their 2<sup>nd</sup> annual *Cool Times in July* wheelchair wash event on Thursday, July 19. Wheelchairs were serviced and cleaned while folks enjoyed hotdogs, drinks and snacks. New friends were made while old friends became reacquainted. Along with many smiles, door prizes were given. Budding artists (children) colored and showed off their masterpieces which were added to the Art Walls of Fame. Thanks to the local parent advisory committee, many volunteers, staff and participants, *Cool Times* was a huge success.

Sharon Beech, Parent Consultant  
Jackson CRS



Volunteers Eli Perkins, Libby Williams and Coleman Beech kept busy washing the chairs

Sharon Beech greets Toykia as he arrives at Cool Times



Sheldon and Olivia visit while waiting for the wheelchair wash



Some of the great volunteers take a break during a fun filled day

Many future artists shared their talents drawing and coloring pictures for the Jackson Art Wall of Fame



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## Muscle Shoals CRS Has an Active Summer



On July 17, Muscle Shoals CRS held a workshop for all area special education coordinators. This workshop was designed to share information about CRS, and what is available through CRS for children with disabilities in the schools. Pictured on the left, are some of the attendees from 6 different school systems.

Wheelchair Cleaning Day was held on August 1. Thanks to many volunteers, 10 chairs were cleaned. Also thanks to Jeff Lane with Kustom Kinetics for providing the pressure washer and snacks.

Sharon Curry, Parent Consultant  
Muscle Shoals CRS

## Funderful Times...

### Saving the Earth One Scrap at a Time



This morning I have been making a couple of lists of different places to visit over the weekend to look for items I can use in creative ways for our clients and their families. One of the fun perks of my job is to use creativity in many ways. Recycling is part of that creativity. Almost every Saturday of the summer, my oldest son, Garrett, and I would leave rather early and go to many yard sales. Somewhere along the way, we met up with my husband and other two sons, for lunch and visiting the local thrift stores. By the time we headed home, both the van and truck were loaded with fun treasures that someone else threw away as junk.

Once home, I took a photo of every thing I bought, from a bag of pearly white buttons to a refrigerator; then I scrapbook a page telling about the item, where I got it and how much I paid for it. Recycling is such fun no matter if you use the item for a hobby or for personal use. Plastic gallon milk cartons, for example are great for making embellishment flowers for scrap booking or with a piece of string, a pirate's eye patch for Ethan. Old blue jeans are completely reusable for making purses, patches for other jeans, or making a quilt to take to the chilly football games

The local Habitat store is one of our favorite places to find things useful. Ethan took three hubcaps he purchased from

there and hung them on his bedroom wall. My husband and I encourage creativity so we allowed him to do it. A few days later, I picked up a popular home decorating magazine and guess what I found inside? You guessed it, hubcaps hanging on a wall with skateboards mounted underneath as shelves. Imagination is all it takes in having fun with recycling.

When the boys travel, I send a large envelope with them to put napkins, programs and ticket stubs in so I can find a clever way to use them. Your scraps and trash may be found in my next project on paper or in recycling.

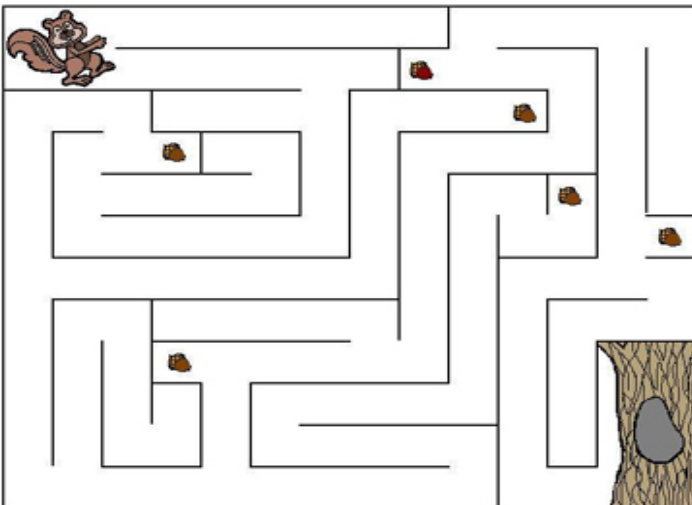
As funny as it might sound, I am saving the earth one scrap at a time. Empty vegetable cans are amazing for rolling your hair or drinking lemonade from, just be sure there are no sharp edges on the rim. I am planning to wallpaper a bathroom in Sunday comic paper. Shredding machines have lowered in price to the point it is easy to have one at home. I bought mine at a thrift store and use it to shred not only shopping receipts but for junk mail—voila instant confetti. Recycling can be fun and will definitely help save the earth for generations to come.

It can be fun having a family yard sale. Take three large trash bags and label them give away, throw away and put away. Once

the give away pile is done, organize a yard sale. Pick a date for the yard sale. Price the items you would like a little cash for, and put a quarter on all the clothing and a dime on knick-knacks. The smaller children can have fun making money with a lemonade stand while the teenagers have a car wash. Everyone is contributing to something fun. Then donate all the monies to the local animal shelter or other charity project. Once, when money was tight at our house, we took the proceeds and bought a popular video and some popcorn for family movie night. Together time, whether working to accomplish a major task or watching something on television opens the door to communication, teaching skills and having fun. By recycling, we are keeping the earth clean one scrap at a time.

With this article I would like to issue a challenge. Over the holidays, clean out the closets, toy chests and the garage, donating unused items to local charities to get ready for the new presents Christmas will bring. This reminds each of us that giving is as rewarding as receiving.

Rita F. Cobbs, Parent Consultant  
Huntsville CRS



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**Winter is coming. Mr. Squirrel wants to hide the acorns he finds so he will have something to eat. Count the acorns as you help Mr. Squirrel collect them and take them home to his house in the tree. How many acorns did you collect?**

\_\_\_\_\_ acorns





## CRS Parent Connection

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Alabama Department of Rehabilitation Services  
2129 East South Blvd.  
Montgomery, AL 36116**

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## What's Ahead

October 19, 2007	Central Alabama Early Intervention Council Franks and Families; Homewood Park Pavilions 1 & 2; Birmingham; 5:00-7:00 p.m.; Contact Tammy Moore, (205) 290-4544
October 26, 2007	Successful Teaching of Children with Spina Bifida; 8:00 a.m - 4:00 p.m.; The Bradley Lecture Center at Children's Hospital; Birmingham; Contact: Betsy DeCesare, (205) 939-5281 or AL_spina_bifida_support@Hotmail.com
October 27, 2007	Birmingham PAC Event: All About Guys with Marsha Sturdevant plus a Treetop Walk with Fresh Air Family Oak Mountain State Park Wildlife Center; 200 Terrace Dr., Pelham; Contact Tammy Moore, (205) 290-4544
October 29 - 30, 2007	Road Rules: A Transition Road Map; Huntsville ADRS; Contact: Rita Cobbs, (256) 650-1717
November 2 - 4, 2007	Full Life Ahead Fall family Weekend Retreat; Children's Harbor on Lake Martin; for more information or to register see <a href="http://www.fulllifeahead.org">www.fulllifeahead.org</a> or contact Lisa Manly 1-866-700-2026
November 14 - 16, 2007	Early Intervention and Preschool Conference; Sheraton Hotel/Birmingham Jefferson Civic Center; Birmingham; Contact: Jeri Jackson, (205) 823-9226 or JBH50@aol.com
November 29, 2007	Guardian-Conservatorship; Homewood CRS; 10:00 a.m.; Contact: Tammy Moore, (205) 290-4544
December, 2007	Jackson Christmas PAC Dinner; Jackson CRS; For date and time, contact: Sharon Beech, (251) 246-4025 or 1-800-283-8140
December, 2007	A CRS Christmas; Homewood/Birmingham CRS; For date and time, contact: Tammy Moore (205) 290-4544
February 25 - 26, 2008	Alabama State of the State in TBI Annual Conference; Cahaba Grand Conference Center; Birmingham; Contact: Alabama Head Injury Foundation <a href="http://www.ahif.org">www.ahif.org</a> , 1-800-433-8002
January, 2008	High School Diploma Options and Transitioning from School to Independence; Homewood/Birmingham CRS; For date and time, contact: Tammy Moore (205) 290-4544